

DEPARTMENT OF  
PUBLIC HEALTH AND HUMAN SERVICES

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TO: Cindy Eleson, Executive Director  
Randy Olson, Board of Directors-President  
Richland Opportunities Inc.

From: Kathleen Kaiser  
Quality Improvement Specialist

Date: April 10, 2006

Subject: Quality Assurance Review

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The annual Quality Assurance Review was conducted on March 8th and 9th of 2006. The results of this review are attached. The review went well and all the staff were very helpful during the review process. I appreciate ROI's rapid and thorough response to any concerns noted during the review.

Attachment

Cc: Dain Christianson, DDP Regional Manager  
Tim Plaska, Community Services Bureau Chief  
Perry Jones, Waiver Coordinator  
John Zeeck, Quality Assurance Specialist

Scope of Review:  
ROI 2006

The Developmental Disabilities Program (DDP)- funded services provided by Richland Opportunities, Inc. were reviewed on an on-going basis during the year and as part of this Quality Assurance Review. An on-site quality assurance review of ROI was conducted March 8<sup>th</sup> and 9<sup>th</sup> of 2006. The review was conducted by Kathleen Kaiser, Quality Improvement Specialist, Miles City. Included in this report are; the results of on-site visits to all program sites, a review of Individual Planning paperwork and program data for a 10% sample of the consumers served, staff questionnaire survey from all program locations, a review of criminal background checks and orientation training, and a review of the ROI Policy and Procedures Manuals.

## **General Areas**

### **Administrative**

#### **Significant Events from the Agency:**

- ROI has fully implemented a new Indent Management System and is having weekly meetings.
- A recreation room has been built for the individuals to use at the Jensen Activity Center.
- Individual and family/guardian surveys are overall very complimentary to services.
- ROI supports 11 individuals in supported employment and 17 in enclave situations.
- Work With Me forms have been completed for all individuals within the group home and intensive day services. The forms are in progress for those in day services, and supported living.
- There is a low turnover rate of employees and the employee surveys are positive in regards to employment at ROI.
- All facilities have monthly staffing meetings.
- Svarre has a new boiler and the handicap bathroom has been completely remodeled.
- ROI has begun to repaint the inside of Agatha Peer Group Home to add some color.
- ROI has begun a peer recognition system, which allows employees to thank each other and then a monthly drawing is held for a gift certificate.
- The board completed a long range planning session in which goals were set to look into other avenues of funding and production, as well as update the Jensen Activity Center (JAC) to make it look less like a workshop and increase public relations. ROI is in the process of adding a resale of items through Ebay as another line of production and have researched other funding sources

#### **Policies and Administrative (DDP) Directives**

- The Executive Director of the program is very visible. She fills many roles within the program and has routine interactions with the consumers and staff (QAOS 2).
- ROI is to be congratulated for their very first newsletter. Fresh off the presses, it is nicely laid out, complete with many very important issues to ROI. On page number 3 are pictures and an article about the 4 consumers that have purchased and are living in their own home. Better-informed Public will help provide a better quality of service for the consumer (QAOS 24).
- The ROI Policy and Procedure Manual were reviewed and found to be in compliance with DDP requirements and directives.
- Criminal background checks were reviewed for a sample of five recently hired staff, and all five were found to have completed criminal background checks on file.

**Licensing**

-All Group Homes operated by ROI were found to have current licenses issued by the Quality Assurance Division and there were no deficiencies that needed to be addressed.

**Accreditation**

-There are currently no accreditations required or obtained by ROI.

**Agency Internal Communication Systems**

-ROI is a small organization that holds monthly staff meetings in all facilities. It is felt that ROI does a satisfactory job of maintaining internal communication throughout the organization.

**Fiscal**

-DDP received Richland Opportunities, Inc. (ROI) year-end financial report-detailing DDP related income and expenses for fiscal year ending 6/30/05. The audit does not identify any areas of concern.

**Appendix I**

-There were no Appendix I tasks mutually negotiated between QIS's and ROI on which to report.

**Specific Services Reviewed****A. Residential**

For the QA review, one individual from each Group Home, Transitional Living and Supported Living were randomly selected. These individual initials were: ' and '

**Accomplishments**

-Svarre G.H. Staff has gone to a great deal of time and effort to meet with a dietician and create special menus for 4 clients that have dietary restrictions. The menus are well balanced, easy to read and easy to use. This should benefit the health of Consumer's in the future (QAOS 16).

-The Svarre G.H. Staff allow another consumer, that doesn't have any dietary restrictions, a choice of what he wants to have for dinner and if he doesn't want what is being cooked, they will make him what he has requested through a picture menu.

Another consumer makes his own meal and eats what he wants when he wants it. Consumers are encouraged to make choices and exert self-determination in this areas of their life (QAOS 17).

Consumer . was allowed to fulfill a life long dream by becoming the owner of a cat named Grace. The cat takes extra time and care on the staff's part, but the cat is loved by all. This will increase the quality of life for all the Svarre residents and staff (QAOS 18).

-ROI is to be commended for completing the Work With Me forms for all the individuals in the Group Homes and Intensive Day Services. The forms are in progress for those in day services, and supported living. These forms are easy to read and full of very useful information. This will facilitate and create a better-informed Staff, which will provide a better quality of service for the consumer (QAOS 22).

**Programmatic Deficiencies**

-No significant programmatic deficiencies were identified.

**Corrections to Deficiencies**

-No corrections to deficiencies were required.

**I. Health and Safety****Vehicles**

-ROI is to be commended for passing all areas of the transportation survey and for initiating a new system with a written drivers test, which new staff receive during orientation prior to driving agency vehicles, this was initiated in August of 2005. There is a comprehensive checklist used to inspect all vehicles on a weekly basis. This program also monitors when routine maintenance is needed. This will create better quality of services for the consumers (QAOS 21).

### **Consumers**

-At Agetha Peer Group Home eating protocol for [redacted] does not include "within arm's length". The current protocol calls for being in the same room, yet at the WAC staff sits with [redacted] because he will "stuff food in his mouth if you don't". This is a Health and Safety concern (QAOS 11).

ROI responded that: *[redacted]'s eating protocol was not specific enough is the cause of the problem. [redacted]'s eating protocol will state that staff needs to be within arms length of [redacted]. There will be a sign off sheet for the protocol. Also, protocols will be added to the orientation outline. This has been changed in his "Work with Me." We have added a sign off sheet for the protocols. The protocols will be added to the orientation outline by April 26, 2006.*

-For Agetha Peer G.H., Seizure bathing protocol does not include "line of sight" and "within arm's length supervision. The concern is that a Consumer could have a seizure while he or she is unattended during bathing and could result in drowning (QAOS 13).

ROI responded with: *APGH's seizure protocol said the individual would be attended by the staff. We needed to define attended. All seizure protocols will state that the staff will be within arms length of the individual and that the individual will be in the line of sight of the staff person. This has been completed.*

-For Svarre G.H., Seizure bathing protocol does not include "line of sight" and "within arm's length supervision. The concern is that a Consumer could have a seizure while he or she is unattended during bathing and could result in drowning (QAOS 14).

ROI responded with: *Svarre's seizure protocols stated that the individual would be attended by the staff. We needed to define attended. All seizure protocols will state that the staff will be within arms length of the individual and that the individual will be in the line of sight of the staff person. This has been completed.*

-The objective that a protocol will be developed and implemented for [redacted] when eating at the Group Home and the WAC, from I.P. dated 10-19-05 has not been done. The Group Home has started but has not completed the eating protocol and the WAC has no protocol. The Consumer is not receiving services specified in their plan, and there is a possibility that a choking might occur (QAOS 15).

ROI responded with: *IP objectives will be completed in a timelier manner. A mechanical soft diet will be defined including a list of foods, how long they need to be ground and the size they should be cut up into. The WAC will have the eating protocols in a binder labeled "Protocols." There will be sign off sheet for each protocol and the protocols will also be added to the orientation outline. This has been completed at Svarre. It will be completed at the JAC by April 5, 2006.*

### **Medication Safety**

-There have been instances of missed or late medications, however a medical professional has been contacted in each instance. The missed medications have not resulted in any change in the consumer's health.

-All individuals reviewed have either reached their maximum capacity of self-administration for medications or are on a program teaching a component of self-

administration.

-During a review of medication logs, all staff that have assisted with medication administration are currently certified.

### **Sites**

-All residential program sites were visited during the course of this review.

The Group Homes, Transitional Living Complex and the Work Activity Center are all well maintained and clean. This will enhance the quality of life for clients, and make it a nice place to work and live (QAOS 12).

-The staff and supervisors at Agetha Peer G.H. have taken a great deal of time to create a unique environment for [redacted]'s bedroom. They have installed a black light on the wall, mirrors on the ceiling and a sensory stimulation chair in [redacted]'s room for his comfort and relaxation. This will enhanced the quality of life for this consumer (QAOS 10).

-In the spring, the spring run off flows between both Svarre Group Home and the TLC Complex. The water flows through the parking lot during the day, but in the evening the water freezes. The garbage can and the central place to meet during a fire drill is in the center of this parking lot, which in the evening becomes a large frozen area. For safety reasons a protocol needs to be developed for when this spring freeze occurs. This protocol could include an alternative meeting place, moving the garbage cans, or placing a barricade up, or post "Caution – Ice" signs when the spring freeze occurs. This is a Health and Safety issue for the Svarre G.H. and TLC residents (QAOS 20).

ROI responded with: *An emergency protocol will be developed for Svarre and TLC. In this protocol it will state where the individuals should go if the pavement is icy during an evacuation/drill. It will also state what they should do with their garbage until it thaws. ROI will purchase icy when wet signs that will be posted. The signs have been ordered. This will be completed by April 26, 2006.*

## **II. Service Planning and Delivery**

### **Individual Planning (Assessment, Implementation, Monitoring)**

#### **Leisure/recreation**

-At Svarre and Agetha Peer Group Home the activities logged for leisure do not meet the standards. Visit with staff, watch TV, drives, joked with staff, watch show, and visited with staff are all examples of activities logged for leisure. The lack of quality leisure activities could contribute to a decreased quality of life for the Svarre and Agetha Peer G.H. residents (QAOS 19).

ROI responded with: *With some guidance and direction a list of appropriate leisure activities will be developed. ROI will ensure that at least every 6 months in a staff meeting we will review what the standards are for leisure time and go through the list and add to it. This will be completed by April 26,2006.*

The QIS also copied several reference materials and sent them to ROI and they were received on 3/30/06.

#### **Client Rights**

-ROI has historically been a strong champion of the rights of individuals served, and this review revealed nothing to the contrary.

#### **Medical/health Care**

-On 11-4-05 Client [redacted] was taken to the E.R. in Helena. The Doctor there felt that there was no reason to keep [redacted] at the hospital and requested that the staff take [redacted] back to the motel and stay with her. The staff didn't feel comfortable with this and requested that [redacted] be admitted to the hospital. Because [redacted] was admitted to the

hospital it was discovered that she had a bad sinus infection and a virus, for which she was given medication. If the staff had taken her back to the motel as the doctor had suggested then the problem would not have been discovered and it would have gotten worse (QAOS 1).

#### **Emotionally Responsible Care Giving**

-There is good interaction between all staff and consumers at the workshop and all 3 residential sites (QAOS 3). This contributes to a good quality of life for the consumers.

#### **Agency and Consumer Satisfaction Surveys**

- ROI is to be commended for adding an employee satisfaction survey. The surveys showed an overall satisfaction with ROI's services and as an employer. All family/guardian surveys indicated that the individuals were respected, safe, and needs were being met. Individuals and family/guardian surveys are overall very complimentary to services. Communication was an area that needed improvement with a positive rating factor of 82%. This will help all areas of ROI because better informed Management and Staff provides a better quality of service for the consumer (QAOS 23).

### **III. Staffing**

#### **Screening/hiring**

-The ROI policy manual has detailed instructions for screening and hiring of new employees. Personnel records for five recently hired staff were reviewed and all were found to contain completed criminal background checks.

#### **Orientation/training**

-The ROI personnel records of five recently hired staff were reviewed and all were found to contain detailed documentation of some orientation and training. However the Administrative Rule of Montana requires that the orientation training within 30 days of hire include: Philosophy of DD services, Normalization Principles, Client Rights, Incident Reporting, and Behavior Management Techniques. These areas are not covered on your Orientation Report For Staff form. Lack of training in the above listed areas could be a health and safety issue (QAOS 4).

ROI responded with: *The areas mentioned above are covered within our orientation program but we could not provide the correct documentation. The areas addressed above will be added to our orientation outline. We will also be adding a signature space for the new staff person. This will be completed by April 26, 2006.*

#### **Ratios**

-During spot checks of the group homes and day programs through-out the year, ROI was always found to have the required number of staff on duty. ROI self-reports instances where they are not meeting the minimum staff ratio. There have been few instance of this and usually they are short staffed for a couple hours while a substitute staff is located.

#### **Staff Surveys**

- ROI is to be commended for adding an employee satisfaction survey. The surveys showed an overall satisfaction with ROI's services and as an employer.

### **IV. Incident Management**

-ROI has fully implemented a new Incident Management System and is having weekly meetings.

## **APS**

- Several staff interviewed were clear and concise regarding mandatory abuse/neglect reporting to Adult Protective Services.
- There were no reports to APS this year.

## **Incident Reporting**

- There were no unresolved questions or concerns of any incident reports.

## **B. Work/day/community Employment**

For the QA review, the sample included those individuals listed above in the residential services along with .

### **Accomplishments**

- ROI is to be commended for completing the Work With Me forms for all the individual in the Group Homes and Intensive Day Services. The forms are in progress for those in day services, and supported living. These forms are easy to read and full of very useful information. This will facilitate and create a better-informed Staff, and this will provide a better quality of service for the consumer (QAOS 22).

### **Programmatic Deficiencies**

- No significant programmatic deficiencies were identified.

### **Corrections to Deficiencies**

- No corrections to deficiencies were required.

## **I. Health and Safety**

### **Vehicles**

- ROI is to be commended for passing all area of the transportation survey and for initiating a new system with a written drivers test, which new staff receive during orientation prior to driving agency vehicles, this was initiated in August of 2005. There is a comprehensive checklist used to inspect all vehicles on a weekly basis. This program also monitors when routine maintenance is needed. This will create a better quality of services for the consumer (QAOS 21).

### **Consumers**

- Consumers interviewed expressed satisfaction with the services they were receiving from ROI. The consumers were able to tell me whom they would talk to if they had a problem or wanted something to be different.
- The objective that a protocol will be developed and implemented for . . . when eating at the Group Home and the WAC, from I.P. dated 10-19-05 has not been done. The Group Home has started but has not completed the eating protocol and the WAC has no protocol. The Consumer is not receiving services specified in their plan, and there is a possibility that a choking might occur (QAOS 15).

ROI responded with: *IP objectives will be completed in a timelier manner. A mechanical soft diet will be defined including a list of foods, how long they need to be ground and the size they should be cut up into. The WAC will have the eating protocols in a binder labeled "Protocols." There will be sign off sheet for each protocol and the protocols will also be added to the orientation outline. This has been completed at Svarre. It will be completed at the JAC by April 5, 2006.*

### **Medication Safety**

- Medication storage and logbooks were checked at all sites and found to be fine.
- During a review of medication logs, all staff that have assisted with medication

administration are currently certified.

#### **Sites**

- The Work Activity Center was visited during the course of this review.
- The Group Homes, Transitional Living Complex and the Work Activity Center are all well maintained and clean. This will enhance the quality of life for clients, and make it a nice place to work and live (QAOS 12).

## **II. Service Planning and Delivery**

### **Individual Planning**

- Programs and Objectives for      need the settings they will occur in and measurable data. The current setting is stated by using initials on the I.P. paperwork, but they are not restated on the coversheet in the program book, therefore without going back to the I.P. paper work it is unclear what setting the program is to occur in. The current way of taking objectives data, is staff initials on a calendar, which does not give enough information. The current method of recording data left a lot of open space for      . objectives for the months of October, November, and December, it is unclear as to whether the program was run or data not entered correctly (QAOS 8). This can result in the Consumer not receiving service as specified in their plans.

- Programs and Objectives for      . need measurable data. The current way of taking objectives data is staff initials on a calendar, which does not give enough information. This could result in the Consumer not receiving service specified in their plans.

ROI responded with: *The IP objectives from this point on will have appropriate settings. The way data is recorded will be in a more specific manner identifying what exactly was accomplished with*

### **Client Rights**

- ROI has historically been a strong champion of the rights of individuals served, and this review revealed nothing to the contrary.

### **Emotional Responsible Care Giving**

- There is good interaction between all staff and consumers at the workshop and all 3 residential sites (QAOS 3).

### **Agency and Consumer Satisfaction Surveys**

- ROI is to be commended for adding an employee satisfaction survey. The surveys showed an overall satisfaction with ROI's services and as an employer. All family/guardian surveys indicated that the individuals were respected, safe, and needs were being met. Individuals and family/guardian surveys are overall very complimentary to services. Communication was an area that needed improvement with a positive rating factor of 82%. This will help all areas of ROI because better informed Management and Staff provides a better quality of service for the consumer (QAOS 23).

## **III. Staffing**

### **Screening/hiring**

- The ROI policy manual has detailed instructions for screening and hiring of new employees. Personnel records for five recently hired staff were reviewed and all were found to contain completed criminal background checks.

### **Orientation/training**

- All staff working for intensive services were found to be enrolled in DDCPT within



45 days of hire.

-The ROI personnel records of five recently hired staff were reviewed and all were found to contain detailed documentation of some orientation and training. However the Administrative Rule of Montana requires that the orientation training within 30 days of hire include: Philosophy of DD services, Normalization Principles, Client Rights, Incident Reporting, and Behavior Management Techniques. These areas are not covered on your Orientation Report For Staff form. Lack of training in the above listed areas could be a health and safety issue (QAOS 4).

ROI responded with: *The areas mentioned above are covered within our orientation program but we could not provide the correct documentation. The areas addressed above will be added to our orientation outline. We will also be adding a signature space for the new staff person. This will be completed by April 26, 2006.*

#### **Ratios**

-During the day programs hours through-out the year, ROI was always found to have the required number of staff on duty. ROI self-reports instances where they are not meeting the minimum staff ratio. There have been few instances of this and usually they are short staffed for a couple hours while a substitute staff is located.

#### **Staff Surveys**

- ROI is to be commended for adding an employee satisfaction survey. The surveys showed an overall satisfaction with ROI's services and as an employer.

### **IV. Incident Management**

-ROI has fully implemented a new Incident Management system and is having weekly meetings.

#### **APS**

-Several staff interviewed were clear and concise regarding mandatory abuse/neglect reporting to Adult Protective Services.

-There were no reports to APS this year.

#### **Incident Reporting**

-There were no unresolved questions or concerns of any incident reports.

### **C. Community Supports**

Five individual's services were reviewed for Community Supports. The individuals selected for the review were

#### **Accomplishments**

-Three of the five consumers in Community Supports have purchased and are living in their own home. This is an outstanding accomplishment of both Staff and Consumer.

#### **Programmatic Deficiencies**

-No significant programmatic deficiencies were identified.

#### **Corrections to Deficiencies**

-No corrections to deficiencies were required.

### **I. Health and Safety**

#### **Vehicles**

-See above under residential.

Consumers

Medication Safety

Sites

-At [redacted]'s request, smoke detectors and a fire extinguisher need to be purchased and installed. A lack of smoke detectors and a fire extinguisher can put the consumer at risk in case of a fire (QAOS 6).

ROI responded with: *This was not addressed by his IP team.*

*Smoke detectors and a fire extinguisher will be purchased and installed. The smoke detectors are purchased and installed. The fire extinguisher will be installed by April 5, 2006.*

-At [redacted] request, per I.P. dated 2-14-06, smoke detectors and a fire extinguisher need to be purchased and installed. A lack of smoke detectors and a fire extinguisher can put the consumer at risk in case of a fire (QAOS 9).

ROI responded with: [redacted]'s IP goals and objectives will be monitored and completed in a timelier manner. *The staff person working with [redacted] will get a personal copy of [redacted]'s IP. Smoke detectors and a fire extinguisher will be purchased and installed. This will be completed by March 29, 2006.*

## **II. Service Planning and Delivery**

### **Individual Planning**

-In Community Supports service and training objectives for [redacted] were not implemented as specified in I.P. No programs or serviced objectives were run in October, November, December, January and for half of February for [redacted] (QAOS 5). This means the Consumer was not receiving services specified in their plans.

ROI responded with: [redacted]'s IP goals and objectives were not monitored in a timely manner. *We have found a great match between [redacted] and [redacted], the staff person working with him. From this point forward, his IP goals and objectives will be monitored in a timelier manner. After an IP meeting the staff responsible for the objectives will have 2 weeks to implement the objectives. I will then meet with the staff to ensure the objectives are implemented.*

-For consumer [redacted], service and training objectives were not implemented as specified in I.P. Data for some of [redacted]'s objectives was missing for January, February and part of March, thus the Consumer is not receiving services as specified in their plans (QAOS 7).

ROI responded with: [redacted]'s IP objectives were not monitored in a timely manner.

*[redacted]'s IP goals and objectives will be monitored in a timelier manner. From this point forward after an IP meeting, the staff person responsible for the IP objective will have 2 weeks to implement the objective. I will then meet with them to ensure the objective is implemented. This has been completed.*

### **Leisure/recreation**

-All of the concerns in this area were met.

### **Client Rights**

-ROI has historically been a strong champion of the rights of individuals served, and this review revealed nothing to the contrary.

### **Medical/health Care**

-All of the concerns in this area were met.

### **Emotionally Responsible Care Giving**

Good interaction between all staff and consumers at the workshop and all 3 residential sites (QAOS 3)

#### **Agency and Consumer Satisfaction Surveys**

-See above under residential.

### **III. Staffing**

#### **Screening/hiring**

-See above under residential.

#### **Orientation/training**

-See above under residential.

#### **Staff Surveys**

- ROI is to be commended for adding an employee satisfaction survey. The surveys showed an overall satisfaction with ROI's services and as an employer.

### **IV. Incident Management**

-ROI has fully implemented a new Incident Management system and is having weekly meetings.

#### **APS**

-Several staff interviewed were clear and concise regarding mandatory abuse/neglect reporting to Adult Protective Services.

-There were no reports to APS this year.

#### **Incident Reporting**

-There were no unresolved questions or concerns of any incident reports.

## **D. Transportation**

### **Accomplishments**

-ROI is to be commended for passing all areas of the transportation survey and for initiating a new system with a written drivers test, which new staff receive during orientation prior to driving agency vehicles, this was initiated in August of 2005. There is a comprehensive checklist in use to inspect all vehicles on a weekly basis. This program also monitors when routine maintenance is needed. This will create a better quality of services for the consumer (QAOS 21).

### **Programmatic Deficiencies**

-No significant programmatic deficiencies were identified.

### **Corrections to Deficiencies**

-No corrections to deficiencies were required.

## **Conclusion**

-I want to thank all ROI staff for all of the cooperation that I received during this review process. I think that the staff at ROI are their strongest asset and that they continue to build on that asset every day.

-ROI has responded to each QAOS sheet with a plan of action. In several instances, ROI had implemented a plan to correct the concern the same day the concern was brought to their attention.

-ROI is to be commended for the quick response to the deficiencies noted in the QA review. All findings are considered closed as a result of the response from ROI.

## **Findings Closed**

All findings identified through Quality Assurance Observation Sheets are closed.

## **Findings Open/plan of Correction**

-No findings remain open, and no plans of correction are required.